



DEPARTMENT OF PLANNING & BUILDING
BUILDING DIVISION
276 Fourth Avenue Chula Vista CA 91910
619-691-5272 619-409-5428 FAX

REROOF WORKSHEET

FORM 4563

Applicant – The following information shall be provided for City review and approval prior to issuance of a permit for reroofing. Please complete all applicable non-shaded areas.

SITE ADDRESS:				PARCEL #:	
APPLICANT NAME: <i>(Please check one)</i> <input type="checkbox"/> Contractor <input type="checkbox"/> Agent for Contractor <input type="checkbox"/> Owner <input type="checkbox"/> Agent for Owner <input type="checkbox"/> Designer					
ADDRESS:		CITY:		STATE:	ZIP:
PHONE #:		FAX #:		E-MAIL:	
OWNER NAME: <i>(Please check one)</i> <input type="checkbox"/> Owner <input type="checkbox"/> Lessee or Tenant					
ADDRESS:		CITY:		STATE:	ZIP:
PHONE #:		FAX #:		E-MAIL:	
CONTRACTOR:					
ADDRESS:		CITY:		STATE:	ZIP:
PHONE #:		FAX #:		E-MAIL:	
STATE CONTRACTOR'S LICENSE NUMBER		CLASS	EXPIRATION DATE	CHULA VISTA BUSINESS LICENSE NUMBER	
EXISTING ROOF INFORMATION					
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL					
ROOF SLOPE:		RISE: (IN INCHES)	NUMBER OF EXISTING LAYERS: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
TYPE OF EXISTING ROOF COVERING:					
TYPE OF EXISTING SHEATHING:			WILL EXISTING COVERING BE REMOVED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NEW ROOF APPLICATION INFORMATION					
NEW ROOF MATERIAL TRADE NAME & MANUFACTURER:					
NEW ROOF MATERIAL TYPE:					
WEIGHT PER SQUARE:			NO. OF SQUARES:		
FIRE RATING CLASS: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> NON-RATED			NEW PLYWOOD SHEATHING? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DESCRIPTION OF ROOFING APPLICATION:		<input type="checkbox"/> Built-up roof <input type="checkbox"/> Concrete Tile <input type="checkbox"/> Clay Tile <input type="checkbox"/> Composition shingles			
		<input type="checkbox"/> Wood shakes <input type="checkbox"/> Wood Shingles <input type="checkbox"/> Roof Restructure <input type="checkbox"/> Fiberglass Shingles			
BASIS FOR ROOF SYSTEM APPROVAL:					
Is the existing structural design sufficient to sustain the weight of the proposed new roof? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If not, provide roof plan to substantiate adequate stability for a heavier roof system.					
I understand the following inspections are required: (1) Tear-off/pre inspection prior to installing new roof covering; (2) Final Inspection. I agree to perform all work in accordance with Municipal Code requirements. I acknowledge that all information on this form is true and correct.					
Signature (Owner/Contractor):				Date:	